

## CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

1. CIR./DIST./DIV. CODE GUX	2. PERSON REPRESENTED WOTULO, ERICK		VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER 1:06-000020-001	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. WOTULO	8. PAYMENT CATEGORY Other	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Extradition Cases

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title &amp; Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense.

## 12. ATTORNEY'S STATEMENT

As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request

Authorization to obtain the service. Estimated Compensation: \$ \_\_\_\_\_ OR

Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services

Signature of Attorney

Date

Panel Attorney      Retained Atty      Pro-Se      Legal Organization  
Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.**FILED**  
**DISTRICT COURT OF GUAM**

OCT 24 2006

**MARY L.M. MORAN**  
**CLERK OF COURT**

## 13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)

## 14. TYPE OF SERVICE PROVIDER

01	Investigator	20	Legal Analyst/Consultant
02	X Interpreter/Translator	21	Jury Consultant
03	Psychologist	22	Mitigation Specialist
04	Psychiatrist	23	Duplication Services (See Instructions)
05	Polygraph Examiner	24	Other (specify) _____
06	Documents Examiner		
07	Fingerprint Analyst		
08	Accountant		
09	CALR (Westlaw/Lexis/etc)		
10	Chemist/Toxicologist		
11	Ballistics Expert		
12	Weapons/Firearms/Explosive Expert		
13	Pathologist/Medical Examiner		
14	Other Medical Expert		
15	Voice/Audio Analyst		
16	Hair/Fiber Expert		
17	Computer (Hardware/Software/Systems)		
18	Paralegal Services		
19			

## 15. Court Order

Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order \_\_\_\_\_ Nunc Pro Tunc Date \_\_\_\_\_  
Repayment or partial repayment ordered from the person represented for this service at time of authorization.

YES      NO

## 16. SERVICES AND EXPENSES

(Attach itemization of services and expenses with dates)

## AMOUNT CLAIMED

MATH/TECHNICAL  
ADJUSTED AMOUNTADDITIONAL  
REVIEW

a. Compensation			
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			

## 17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS

TIN: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_

CLAIM STATUS Final Interim Payment Number \_\_\_\_\_ Supplemental Payment \_\_\_\_\_  
I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Claimant/Payee: \_\_\_\_\_ Date: \_\_\_\_\_

## 18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.

Signature of Attorney: \_\_\_\_\_ Date: \_\_\_\_\_

## 19. TOTAL COMPENSATION      20. TRAVEL EXPENSES      21. OTHER EXPENSES      22. TOT. AMT APPROVED/CERTIFIED

23. Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained.  
Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.

Signature of Presiding Judicial Officer \_\_\_\_\_ Date \_\_\_\_\_ Judge/Mag. Judge Code \_\_\_\_\_

## 24. TOTAL COMPENSATION      25. TRAVEL EXPENSES      26. OTHER EXPENSES      27. TOTAL AMOUNT APPROVED

## 28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate) \_\_\_\_\_ Date \_\_\_\_\_ Judge Code \_\_\_\_\_